

# Asthma Action Plan

**General Information:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ HR Teacher \_\_\_\_\_  
 Parent name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Phone numbers: \_\_\_\_\_  
 Physician/healthcare provider: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

**Severity Classification**

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

**Triggers**

- Colds
- Exercise
- Animals
- Other \_\_\_\_\_
- Smoke
- Dust
- Food

**Exercise**

1. Premedication (how much and when) \_\_\_\_\_
2. Exercise modifications \_\_\_\_\_

**Green Zone: Doing Well**

**Symptoms:**

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night
- O<sub>2</sub> sat >95%

**Control medications:**

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Yellow Zone: Getting Worse**

**Symptoms:**

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night
- O<sub>2</sub> sat 91-95%

**Contact physician if using quick relief more than 2 times per week.**

**Continue control medicines and add:**

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF your symptoms (and peak and flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN**

- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by \_\_\_\_\_
- Contact your physician for follow-up care.
- Contact parent.

**IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN**

- Take quick-relief treatment again.
- Change your long-term control medicine by \_\_\_\_\_
- Call your physician/Healthcare provider within \_\_\_\_\_ hour(s) of modifying your medication routine.

**Red Zone: Medical Alert**

**Symptoms:**

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping
- O<sub>2</sub> sat <91%

**Ambulance/Emergency Phone Number:**

**Continue control medicines and add:**

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Go to the hospital or call for an ambulance if:**

- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare provider for help.

**Call an ambulance immediately if the following danger signs are present:**

- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_